
State:	District of Columbia	Filing Company:	Dentegra Insurance Company
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health Dental		
Product Name:	DC, DIC, AARP 2015 Revised Banner Page		
Project Name/Number:	DC, DIC, AARP 2015 Revised Banner Page/DC, DIC, AARP 2015 Revised Banner Page		

Filing at a Glance

Company:	Dentegra Insurance Company
Product Name:	DC, DIC, AARP 2015 Revised Banner Page
State:	District of Columbia
TOI:	H10G Group Health - Dental
Sub-TOI:	H10G.000 Health Dental
Filing Type:	Form
Date Submitted:	09/05/2014
SERFF Tr Num:	DDPA-129710382
SERFF Status:	Closed-APPROVED
State Tr Num:	
State Status:	
Co Tr Num:	DC, DIC, AARP 2015 REVISED BANNER PAGE
Implementation	01/01/2015
Date Requested:	
Author(s):	Connie Roth, Rachel Herzke, Noel Brennan, Alisa Koelling, Brandy Christian
Reviewer(s):	Colin Johnson (primary)
Disposition Date:	09/23/2014
Disposition Status:	APPROVED
Implementation Date:	09/23/2014

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General Information

Project Name: DC, DIC, AARP 2015 Revised Banner Page Status of Filing in Domicile: Not Filed
Project Number: DC, DIC, AARP 2015 Revised Banner Page Date Approved in Domicile:
Requested Filing Mode: Informational Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Large
Group Market Type: Employer, Association Overall Rate Impact:
Filing Status Changed: 09/23/2014
State Status Changed: Deemer Date:
Created By: Alisa Koelling Submitted By: Alisa Koelling
Corresponding Filing Tracking Number:

Filing Description:

Dentegra Insurance Company is submitting the above referenced advertisement form for informational purposes on behalf of the AARP Dental Insurance Plan (Plan), a large group association voluntary plan for AARP members.

Form 71-A-1501-002 is substantially similar to Form 71-A-1501-001 which was recently approved by your Department on July 21, 2014 under SERFF Tracking DDPA-129634530. The primary difference between these two online banner ads is that the submitted form contains one additional banner slide for requesting information about the Plan.

Form 71-A-1501-002 is a new form and does not replace any on file with your Department.

Attached under the Supporting Documentation tab for your information is the Variable Exhibit of the submitted form with comments for the variable items. The comments explain what is variable and the various options that could be used. Any change or modification to a variable item outside of the approved language will be submitted for prior approval.

Our effective date of use of this form will be January 1, 2015 or the earlier of the date the filing is approved or deemed approved by your Department.

Thank you for assisting us with this filing process. Please contact me at 916-861-1974 or at akoelling@dentegra.com with any questions.

Sincerely,
Alisa Koelling
Regulatory Analyst

Company and Contact

Filing Contact Information

Alisa Koelling (Dentegra), Regulatory Analyst
M/S A2S
11155 International Drive
Rancho Cordova, CA 95670

akoelling@dentegra.com
916-861-1974 [Phone]

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Filing Company Information

Dentegra Insurance Company
100 First Street
San Francisco, CA 94105
(866) 714-7730 ext. [Phone]

CoCode: 73474
Group Code: 2479
Group Name: Dentegra Group,
Inc.
FEIN Number: 75-1233841

State of Domicile: Delaware
Company Type: LAH
State ID Number:

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

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Form Schedule

Lead Form Number:								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	APPROVED 09/23/2014	Rich Media Online Banner	71-A-1501-002	ADV	Initial			71-A-1501-002_RichMediaBanners_Clean 082514.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



F1



F2



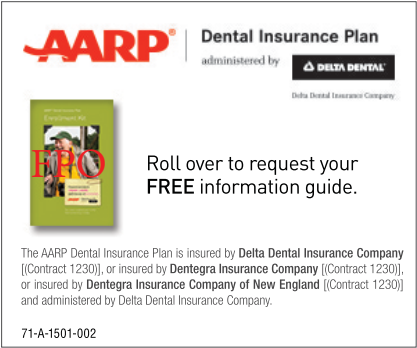
F3



F4 - Picture fades to reveal subhead.



F5



F6

Close [X]

Request your **FREE** information guide.

Fill out the form below to receive details on the AARP® Dental Insurance Plan available exclusively for AARP members.

First Name

Last Name

Address

City

State

Zip Code

Email (optional)*

Submit

*By submitting your email address to the AARP Dental Insurance Plan, you have agreed to receive informational emails. The AARP Dental Insurance Plan and Delta Dental Insurance Company will not release or provide your information to any third-party vendor.

AARP

Dental Insurance Plan
administered by **DELTA DENTAL**
Delta Dental Insurance Company

71-A-1501-002

F7 - Expanded 500 x 450